



# ABK - AOTS DōSōkai

(Alumni Association of ABK & AOTS, Japan)

Tamilnadu Centre

Regd. S. No. 211 / 1989



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## APPLICATION FORM FOR MEMBERSHIP (INSTITUTION)

Name of the Organisation :

Category : Tiny  Small  Medium  Large

Address : Institution

Phone :

Fax :

E-mail & Website :

Products / Services offered :

Number of Employees :

Annual Turn over  
(Rs. in Lakhs) :

Representatives of the Organisation :

**Name**

**Designation**

1. \_\_\_\_\_

2. \_\_\_\_\_

Cheque / DD No. / Cash Rs. .... dt. ....

drawn on ..... is enclosed.

We agree to abide by the rules and regulations of the institution.

Date :

Signature of the sponsoring person :

Name :

Designation :